

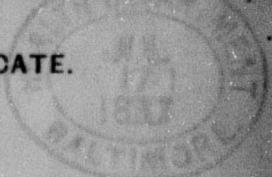
Board of Health, City of Baltimore, 11 Ward

a
Permit No. 1370

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.



CERTIFICATE OF DEATH.

Date of Death,	<i>16th July 1887.</i>			B
Full Name of Deceased, {	Write legibly and spell correctly. If an infant not named, give names of parents.	<i>Henry Thomas</i>		
Sex, Male or Female, {	Cross out the word not required in this line.			
Age, <i>3</i>	Years, <i>4</i>	Months, <i>Sex, Male</i>	Days.	
Color, <i>Black</i>				
Married, Single, Widow or Widower, {	Cross out the words not required in this line.			
Occupation,	<i>Baltimore City</i>			
Birthplace, {	State or country (and how long in the United States, if of foreign birth.)			
Duration of Residence in the City of Baltimore,	<i>4 Years + 4 Months</i>			
Place of Death, {	Give street and number.	<i>Julius Alley, 230 no.</i>		
Cause of Death, {	First (Primary,) Second (Immediate,)	<i>Mother Siles Vanella Some organic congestion</i>		
Duration of Last Sickness,	<i># from Monday till Saturday</i>			
All the above information should be furnished by the Physician.				
Place of Burial, <i>at Peters Cemetery</i>	<i>E. H. Miller M.D.</i>			
Date of Burial, <i>July 17th 1887</i>	Medical Attendant			
Undertaker, <i>Morgan and Pyle</i>	Address	<i>409 N Charles</i>		
Place of Business, <i>102 Mulberry St</i>				

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

Health Department, City of Baltimore.

Permit No. A 1371 Office of Registrar of Vital Statistics. Ward 19

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Sept. 15, 1887

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Ed. J. Schaefer

Sex, Male or Female, { Cross out the word not required in this line. } Male

Age, 71 Years, 5 Months, 5 Days.

Color, White

Married, Single, Widow or Widower, { Cross out the words not required in this line. } Single

Occupation, Baker

Birth Place, { State or country, and how long in the United States, if of foreign birth. } England

Duration of Residence in the City of Baltimore, Life

Place of Death, { Give Street and Number. } 923 N. Charles St.

Cause of Death, { First (Primary), Gastro Enteritis Catarrh, Second (Immediate), }

Duration of Last Sickness, Three Days.

All the above information should be furnished by the Physician.

Place of Burial, New Cathedral Cemetery

Date of Burial, July 19th 1887 A. L. Spier M. D.

Undertaker, Henry W. Mears

Medical Attendant.

Place of Business, #413 E. Fayette Address, 835 W. Lombard St.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

Health Department, City of Baltimore.

Permit No. A 1372 Office of Registrar of Vital Statistics. Ward 11

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, July 16th, 1887

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Annie Mackrell

Sex, Male or Female, { Cross out the word not required in this line. }

Age, 13 Years, Months, Days.

Color, white

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation, none

Birth Place, { State or country, and how long in the United States, if of foreign birth. } Baltimore

Duration of Residence in the City of Baltimore, Life

Place of Death, { Give Street and Number. } 902 Foster Alley

Cause of Death, { First (Primary), Second (Immediate), } Typhoid Fever

Duration of Last Sickness, 2 weeks

All the above information should be furnished by the Physician.

Place of Burial, St Peters Cemetery

Date of Burial, July 18th

{ Undertaker, Martin Fahy } John S. Lynch M. D.

{ Place of Business, 17 Howard St } Address,

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

Health Department, City of Baltimore.

Permit No. *21373*

Office of Registrar of Vital Statistics.

Ward *20*

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death,

July 16th 1887

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. }

Mary Händley

Sex, Male or Female, { Cross out the word not required in this line. }

Age, *90* Years,

Months,

Days.

Color, *white*

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation,

Birth Place, { State or country, and how long in the United States, if of foreign birth. }

*Ireland*Duration of Residence in the City of Baltimore, *19 years*

Place of Death, { Give Street and Number. }

Stockton Alley # 1348

Cause of Death, { First (Primary), Second (Immediate), }

*Old age**Asthma*

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, *St. Peter's Cemetery*Date of Burial, *July 18th 1887**L.G. Sparrow M. D.*

Medical Attendant.

{ Undertaker, *Frederick Fisher**Coroner*{ Place of Business, *#606 W. Townsend* Address,

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

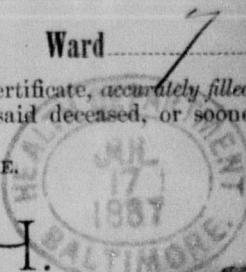
The Special Attention of Physicians is respectfully invited to the Remarks below, and to LIST OF DISEASES ON BACK OF THIS CERTIFICATE.

Health Department, City of Baltimore.

Permit No. A1374 Office of Registrar of Vital Statistics. Ward 7

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.



CERTIFICATE OF DEATH.

Date of Death, July 16th 1887

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Deceased. A. Browne

Sex, Male or Female, { Cross out the word not required in this line. } female

Age, 43 Years, — Months, — Days.

Color, white

Married, Single, Widow or Widower, { Cross out the words not required in this line. } married

Occupation, Case Reader

Birth Place, { State or country, and how long in the United States, if of foreign birth. } Baltimore

Duration of Residence in the City of Baltimore, since birth

Place of Death, { Give Street and Number. } 406. N. Ligonier St.

Cause of Death, { First (Primary), } ~~Artrosis pulmonalis~~
{ Second (Immediate), } ~~ulceratus~~

Duration of Last Sickness, two (2) years

All the above information should be furnished by the Physician.

Place of Burial, Mt. Olivet Cemetery

Date of Burial, July 18

{ Undertaker, Evans & Spars

{ Place of Business, 1000 Baltimore Address,

O. R. Browne M. D.

Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. A 1375

Office of Registrar of Vital Statistics.

Ward

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The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH



Date of Death, July 16 87

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } John Hogan

Sex, Male or Female, { Cross out the word not required in this line. }

Age, 45 Years, Months, Days

Color, White

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation, Blacksmith

Birth Place, { State or country, and how long in the United States, if of foreign birth. } Ireland

Duration of Residence in the City of Baltimore, 40 yr

Place of Death, { Give Street and Number. } 848 East Eager St

Cause of Death, { First (Primary), Heat }

{ Second (Immediate), Asphyxy }

Duration of Last Sickness, A few hours

All the above information should be furnished by the Physician.

Place of Burial, St Peters Cemt.

Date of Burial, July 1887. J. W. Millett

M. D.

{ Undertaker, George P. Payne

Medical Attendant.

{ Place of Business, 622 Lombard

Address, 724 E. Preston St

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

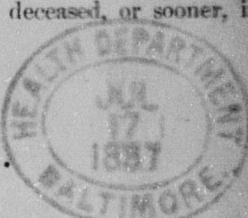
[OVER.]

Health Department, City of Baltimore.

Permit No. A 1376 Office of Registrar of Vital Statistics. Ward 9

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.



CERTIFICATE OF DEATH

Date of Death,

July 16th / 87

Full Name of Deceased,

Write legibly and spell correctly. If an Infant not named, give names of parents.

Dora Gritschewarier

Femal

Sex, Male or Female, { Cross out the word not required in this line. }

Age, 20 Years,

Months,

Days.

Color, White

Single

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation,

Domestic

Birth Place, { State or country, and how long in the United States, if of foreign birth. }

Germany = U.S. two years

Duration of Residence in the City of Baltimore,

One year

Place of Death, { Give Street and Number. }

Baltimore Hospital

Heart Disease

Cause of Death, { First (Primary),

Embolism Brain

Second (Immediate),

Not Known

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Western Cemetery

Date of Burial, July 18th 1887

Ernest C. Stuart, M.D.

{ Undertaker, L. Weber

Resident Physician

{ Place of Business, 818 Greenmount Avenue

Address, City Hospital for Colored & Foreigners

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

The Special Attention of Physicians is Respectfully invited to the Remarks below, and to list of Diseases on back of this Certificate.

Health Department, City of Baltimore.

Permit No. A 7377 Office of Registrar of Vital Statistics. Ward 10

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.



CERTIFICATE OF DEATH.

Date of Death, 16 July 1887

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Ottilie Macmillan

Sex, Male or Female, { Cross out the word not required in this line. } Female

Age, 7 Years, 7 Months, — Days

Color, white

Married, Single, Widow or Widower, { Cross out the words not required in this line. } Single

Occupation, —

Birth Place, { State or country, and how long in the United States, if of foreign birth. } Baltimore

Duration of Residence in the City of Baltimore, —

Place of Death, { Give Street and Number. } 625 Saratoga St.

Cause of Death, { First (Primary), Convulsions. Tumor complaint. Second (Immediate), — }

Duration of Last Sickness, 1 week

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, July 18th

{ Undertaker, G. Schilling

{ Place of Business, Ashton Square Address, 720 Howard St. M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

The Special Attention of Physicians is respectfully invited to the Remarks below, and to List of Diseases on back of this Certificate.

Health Department, City of Baltimore.

Permit No. 1378

Office of Registrar of Vital Statistics.

Ward 12

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.



CERTIFICATE OF DEATH.

Date of Death,

July 16 1887

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. }

Annie Jackson ③

Sex, Male or Female, { Cross out the word not required in this line. }

Age,

Years,

7

Months,

Days

Color,

Black

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation,

Birth Place, { State or country, and how long in the United States, if of foreign birth. }

Baltimore

Duration of Residence in the City of Baltimore,

7 mos.

Place of Death, { Give Street and Number. }

1802 Ewing St.

Cause of Death, { First (Primary),

Second (Immediate),

Cholera Infantum -

Duration of Last Sickness,

3 days

All the above information should be furnished by the Physician.

Place of Burial, ~~Catrical Cemetery~~

Date of Burial, July 17 1887

by J. Chappell M. D.

Medical Attendant

{ Undertaker, H. Circles Ross

{ Place of Business, 409 Conway

Address, Princeton & Franklin

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

The Special Attention of Physicians is respectfully invited to the Remarks below, and to the use of Pencils on back of this Card.

Health Department, City of Baltimore.

Permit No. A1379 Office of Registrar of Vital Statistics. Ward 3

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.



Date of Death,

July 15th 1887

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents }

John Betlefskin

Sex, Male or Female, { Cross out the word not required in this line }

Age, 1 Years,

6 Months,

Days.

Color,

white

Married, Single, Widow or Widower, { Cross out the words not required in this line }

Occupation,

Birth Place, { State or country, and how long in the United States, if of foreign birth }

City

Since Birth

Duration of Residence in the City of Baltimore,

Place of Death, { Give Street and Number }

526 S. Bond St

Cause of Death, { First (Primary),
Second (Immediate),

Cholera Infantum

Duration of Last Sickness,

3 days

All the above information should be furnished by the Physician.

Place of Burial, St Alphonsus Cemetery

Date of Burial, Aug 17 87

{ Undertaker, Felix J. Skorkowski

{ Place of Business, 1732 Orleans Street Address, #1709 Alice Amah M. D.

Medical Attendant,

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]